

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Robert Sixto, Jr. et al.

ART UNIT: 3739

SERIAL NO.: 09/359,335

CONFIRMATION NO.: 2686

FILING DATE: July 21, 1999

EXAMINER: Rollins, Rosiland Stacie

TITLE: **ELECTROSURGICAL TISSUE REMOVAL WITH A SELECTIVELY
INSULATED ELECTRODE**

FILED ELECTRONICALLY

Commissioner for Patents
P.O. Box 1450
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**CHANGE OF POWER OF ATTORNEY
AND CORRESPONDENCE ADDRESS**


The owner of this patent application hereby submits the enclosed new power of attorney (PTO form PTO/SB/80) and also the enclosed statement under 37 CFR 3.73(b). Please change the attorneys of record and the correspondence address in the above-referenced application to those associated with Customer Number 58,249. Please contact the undersigned with any questions regarding this submission.

Dated: December 19, 2007

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